

CITY OF HAYWARD - RENT REVIEW OFFICE

(510) 583-4454

*Solicitudes disponibles en Español.
Llame al (510) 581-9380*

*Hearing Impaired • TDD
(510) 247-3340*

TENANT PETITION FOR REVIEW OF RENT

This petition requests a review of the rental price of a residential rental unit(s) by a City of Hayward mediator and/or arbitrator. Before filing this petition, I attempted to contact my landlord or the landlord's representative on _____ at _____.

Address _____ Apt.# _____ Hayward, CA _____
date time
zip

This petition is being filed because: *(check appropriate box)*

- ☐ The rent is being increased more than 5% in a 12 month period.
- ☐ The rent is too high due to past rent increases that were in violation of the Hayward Residential Rent Stabilization Ordinance.
- ☐ Housing services have been reduced. (Completed service reduction forms enclosed.)
- ☐ My rental unit was improperly decontrolled.

Please check any of the following boxes that apply to this petition and fill in the information requested in the line(s) you checked.

- ☐ Security deposit interest has not been paid on deposit of _____.
amount
- ☐ I received a rental history on _____.
date
- ☐ I received a copy of the ordinance on _____.
date

My rent before the increase was \$_____.

My rent after the increase is \$_____.

I was notified of the increase on _____ (date) OR I knew about my right to file a petition on _____ (date).

The increase becomes effective on _____ (date).

Briefly explain any relevant circumstances:

Owner information: Name

(please print)

Street

City _____ State _____ ZIP

Daytime Phone No.

I/we affirm under penalty of perjury that the information I/we have provided here is true and correct to the best of my/our knowledge.

I/we understand that once this petition is filed, I/we have the right to withhold disputed rent until a decision is made by a hearing officer.

Print name(s) _____ Daytime Phone No.

Sign name(s) _____ Date

Please have other tenants who are filing petitions sign below. Make copies of the back of this form if additional pages are needed. If there are 10 or more units in an apartment complex at least 25% of the tenants affected by the increase must sign the petition for the petition to be valid.

Mail petitions to the Rent Review Office, City of Hayward, 777 B Street, 4th Floor, Hayward, CA 94541-5007. Petitions must be received within 30 days of the tenant's notice of rent increase. ***Please attach a copy of any notice of rent increase, the list of affected tenants, if applicable and a copy of your lease agreement.***

[illegible]

SERVICE REDUCTIONS*

If you are claiming a reduction in housing services, please list below that service. Fill out completely. Use a separate form for each service reduced.

Service you believe to be reduced:

Who is affected by service? (other tenants, entire complex?)

Estimated or known value of service. (Please indicate the basis of your estimate and show any calculations on a separate page.)

Change in level of service:

Date service changed:

Answer one:

Were you notified of change in service?:

Written: _____ Verbal:

Date you notified landlord of change in service:

Written: _____ Verbal:

Date landlord asked to restore service:

Written: _____ Verbal:

Landlord's response to notices:

Current level of service:

Date: _____ Signed:

Address:

City, State, Zip

*THIS FORM SHOULD BE ATTACHED TO THE PETITION

